

Supporting People with Intellectual Disabilities



Positive Behavior Supports

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Learning Objectives

1. Participants will be able to describe two goals of positive behavior supports.
2. Participants will be able to list at least one example of a restrictive control.

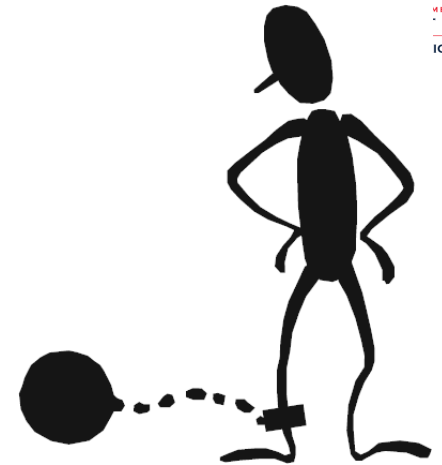
Introduction



Historically, challenging behaviors in people with intellectual disabilities have been subjected to punishment and aversive techniques.

Punishment and aversive techniques will suppress undesirable behavior -but only temporarily - because they don't teach new skills or provide proactive strategies to prevent the behaviors from occurring in the first place.

Positive behavior supports is an approach that is more respectful and more effective for producing lasting behavior change.



Positive Behavior Supports

- The objective of Positive Behavior Supports is not just to define and eliminate undesirable behaviors but to understand the function of the behaviors so we can teach more effective alternative behaviors, modify the environment, and promote patterns of support that make problem behavior less likely to occur.



Positive Behavior Supports

- The goals of Positive Behavior Supports are to:
 1. Understand the purpose, or function, of problem behaviors
FUNCTIONAL ASSESSMENT
 2. Strengthen existing skills and teach new skills that serve the same functional purpose as the problem behavior
SKILL BUILDING
 3. Modify the environment and staff-person interactions to make problem behaviors *less* likely to occur and make effective behaviors *more* likely to occur.
PROACTIVE STRATEGIES

You can't change problem behavior in a problem environment.



When is a behavior support plan needed?

A behavior support plan shall be developed in response to any of the following occurrences:

- Behaviors pose a threat to the health and/or safety of the individual or others;
- Behaviors interfere with the attainment of learning goals, community integration, or other personal outcomes identified through the ISP process;
- Whenever an individual is prescribed *more than one* psychotropic medication for behavioral support
- Whenever use is made of any restrictive controls to manage a behavioral crisis.



Behavior Support Plan Template

Behavior Support Plan Template

1 Identification

Person's Name:
Date of Birth:
Day Placement:
Date of Plan:
Date of Plan Expiration

Person's Age:
Residential Placement:
Date of Revision:
Name of BSP developer

2 Purpose

Describe the reason(s) or clinical rationale for the necessity of the behavior support plan.

3 Relevant History

Describe background information that is relevant to the current behavior(s) of interest. Describe used to address target behaviors, and their results. Describe prior restrictive interventions used. Developmental history is not necessary.

4 Diagnostic Information

List current diagnoses.

Mental Health Diagnosis	
Intellectual/Developmental Diagnosis	
Medical Diagnosis	

5 Medication Treatment

List currently prescribed psychotropic and nonpsychotropic medications.

A Psychotropic Medications

Medication	Dosage	Symptom targeted by medication

B Non-Psychotropic Medications:

Medication	Dosage	Symptom targeted by medication

6 Target Behaviors

Provide an operational definition for each target behavior, describing observable elements that show 1 year data for the residence and 1 year data for the day program setting. Target behavior is dangerous to the health or safety of the person or to those

Behavior Support Plan Template

7 Functional Assessment

List the sources of information for the functional assessment. Describe the behavior for each target behavior. Provide a person-centered statement describing the functional assessment.

List sources of information utilized in functional assessment:

Target Behavior#1:

Setting events:
Antecedents:
Maintaining Consequences:
Primary Function:

Target Behavior#2:

Setting events:
Antecedents:
Maintaining Consequences:
Primary Function:

Target Behavior#3:

Setting events:
Antecedents:
Maintaining Consequences:
Primary Function:

8 Behavioral Goals

Specify measurable goals for decreasing the target behavior that can be achieved within 1 year.

9 Proactive Strategies

List the positive proactive strategies that staff will use to prevent the target behavior.

Environmental modifications: Identify those conditions that recommend changes in the environment that will make these conditions less likely to occur and specify strategies to make *setting events* less likely to occur and specify strategies to prevent the target behaviors (*i.e.* antecedent manipulations).

Physical Environment: List changes that need to be made in the noise, crowding, access to sharp objects, etc) to make the target behavior less likely to occur.

Service Environment: List changes that need to be made in the and teach practical skills (*i.e.* strategies to address the absence of dependence on staff).

Interpersonal Environment: List changes that need to be made in family, quality of interactions with staff).

List Recommendations for Environmental Modifications:

- 1.
- 2.
- 3.

Positive Programming/Teaching Replacement Skills: For each target behavior, identify those conditions that recommend changes in the environment that will make these conditions less likely to occur and specify strategies to make *setting events* less likely to occur and specify strategies to prevent the target behaviors (*i.e.* antecedent manipulations).

Interpersonal Environment: List changes that need to be made in family, quality of interactions with staff).

List Strategies for Teaching and Promoting Replacement Skills:

- 1.
- 2.

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Focused Support/Reinforcing Alternative Behaviors: For each target behavior, specify the differential reinforcement strategies for promoting an alternative behavior, or competing behavior, that the person already knows how to perform and can engage in instead of resorting to the target behaviors (e.g. DRA, DRO, DRL). Specify the reinforcers that will be used (e.g. edible reinforcers, sensory reinforcers, social reinforcers, tangible reinforcers, activity reinforcers) and how often they will be provided.

List Strategies for Recommendations for Alternative Behaviors:

- 1.
- 2.
- 3.

10 Goals for Behaviors Targeted for Increase

List the specific behavioral goals for increasing replacement skills, functional communication skills, and alternative behaviors. Include measurement criteria and projected target date by which each goal will be met (e.g. By December 31st, John will appropriately ask for a break by saying "I need a break" or similar phrase for 6 out of 10 opportunities each week, as measured by behavioral observations). Using either table or graph, show 1 year data for the residence and 1 year data for the day program.

11 Staff Responses and Crisis Intervention

Describe how staff will respond to target behaviors and the specific role of staff.

12 Staffing Supports

Describe the staffing ratio needed to implement the plan and the specific role of staff.

13 Restrictive Components & / Or R

Describe the use of any restrictive procedures in the need for each restrictive intervention. The justification

Clinical Justification for

Psychotropic Medication:	
Increased Staffing:	
Physical Modifications to the Environment:	
Physical Restraints:	
Other restriction:	

14 Restrictive Components & Psych

Describe the specific behavioral goals that must be met

15 Data Collection and Monitoring

Describe methods for collecting data to track impact of the behavior support plan. Describe how data will be recorded (e.g. interval recording, duration recording). Describe how the effectiveness of the behavior support plan. The results will be reported in quarterly reports.

16 Staff Training

Describe how staff who work with the person will be trained on the BSP as it is written.

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Behavior Support Plan Template

17 Signatures

Provide name, signature and credentials of the BSP developer and supervising professional, if applicable. Also include the date signed.

18 Informed Consent

Provide name and signature of the person giving informed consent, and the date signed.

The following items have been explained to me and I consent to this Behavior Support Plan:

- The purpose, intended outcome, and procedures involved in the BSP.
- The risks and benefits of the behavior support procedures.
- The risks of not having behavior support.
- That consent may be withheld or withdrawn at any time with no punitive action taken against the person.

Signature Person Giving Informed Consent _____ Printed Name & Relationship to the Person _____ Date of Consent _____

19 Addendum: Changes Since Last Restrictive Controls Review

List updates and revisions made to BSP since last restrictive control approval date but prior to the BSP expiration date.

Changes in diagnosis
• No • Yes (explain)
Changes in psychotropic medication
• No • Yes (explain)
Changes in other restrictions
• No • Yes (explain)

Key elements of PBS

Functional Assessment

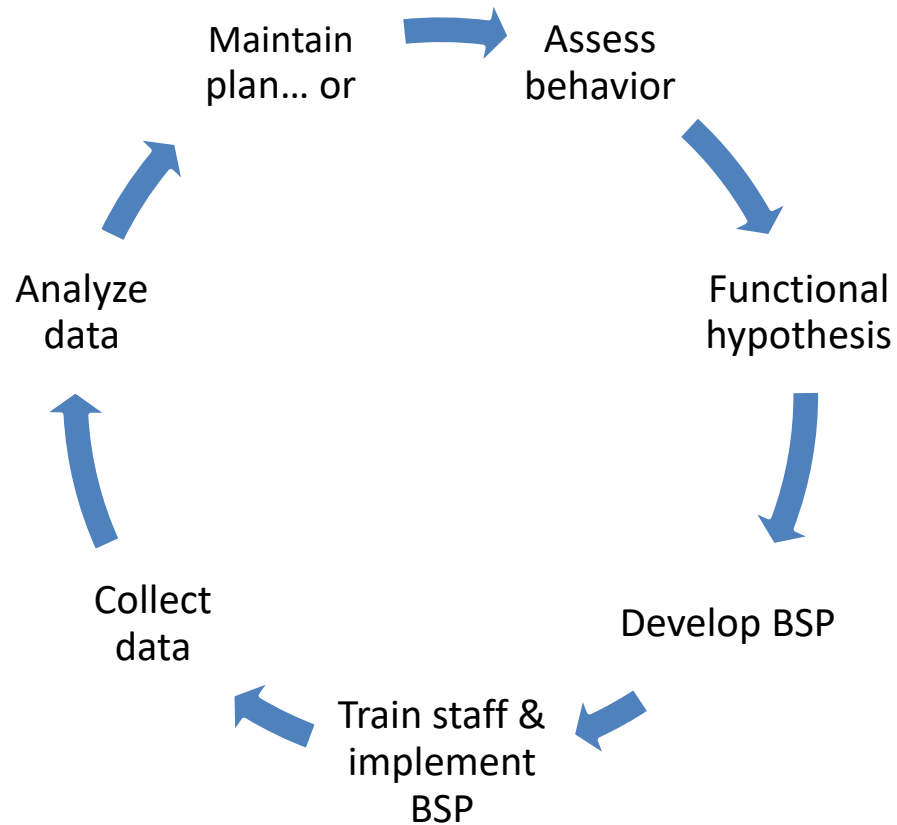
3. A functional assessment is a step by step process of gathering information about the antecedents that evoke the behavior, consequences that maintain the behavior and the purpose, or function, of the behavior

ABC Observation Data Sheet

Date, time	Antecedent	Behavior	Consequence
	What happened just before the behavior?	What was done or said? Be specific	What happened just after the behavior?
1/1/16 2pm	Staff set up the computer for John to complete an online job application	John became irate, when he saw how long the application was. He threw the computer keyboard at the staff, hitting her in the face.	John ran out of the room to sit by himself in the hallway. Staff joined him in the hallway and allowed him to discuss his anxiety/concerns. Staff redirected him to positive conversation until he was calm and willing to return to the room.

Function: John shows aggression in order to terminate frustrating or anxiety provoking situations

Positive Behavior Supports



Key elements of PBS

Proactive strategies

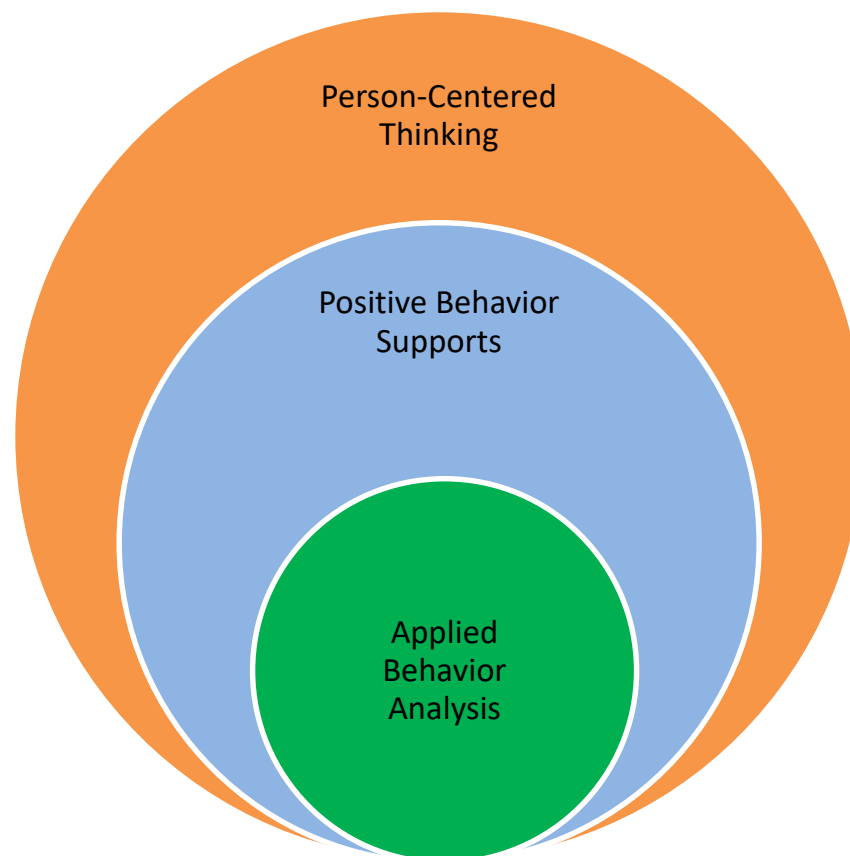
- Behavior support plans clearly identify *proactive* positive strategies that will be used to minimize or ameliorate the need for control procedures
- Proactive strategies focus on preventing the undesirable behavior, while reactive strategies are designed to manage the behavior as it occurs.



Examples of proactive strategies

- Assist the person in communicating her desires more effectively
- Adjust lifestyle to support desired health outcomes
- Change the physical environment such as reducing noise, increasing space, and ensuring availability of preferred items
- Give choice of schedule of activities
- Modify how staff listen and communicate with the person
- Increase opportunities for more choice and control
- Develop and maintain relationships
- Provide opportunities to engage in preferred activities
- Modify support to increase independence
- Eliminate barriers that prevent a person from accessing friends and family





Restrictive Control Review Committee

What is a Restrictive Control?



- A restrictive control or a restrictive intervention can include, but is not limited to the following:
 - Any device, procedure, protocol or actions that restricts, limits or otherwise negatively impacts a person's freedom of movement, control over his or her own body; or access to anything that would typically be available to people in the community, including privacy.

What Does the RCRC Review?



- All BSPs involving individualized staffing
- All BSPs involving non-crisis use of physical restraint
- All BSPs that involve the use of any other restrictive control
- All BSPs for people who are prescribed psychotropic medications to affect or alter through processes, mood, sleep or behavior
- Initial requests for exemption

Who Can Serve on the RCRC?



- Allied health professional (preferably a psychiatrist with expertise in behavioral supports)
- Behavioral health professional (preferably a psychologist with expertise in behavior supports)
- Advocates for people with developmental disabilities
 - Can include people DDS supports
- At the discretion of the DDS Deputy Director for DDA, other DDS employees
- Quorum is a simple majority with a preference for having at least one external member.

8 RCRC Review Criteria

- Does the BSP include target behaviors that are consistent with the person's diagnosis?
- Does the BSP include relevant data collection?
- Does the BSP include demonstrated review of the data by the BSP clinician?
- Does the BSP include procedures to address behavioral issues that are consistent with DDA policies?
- Does the BSP include a functional analysis?
- Are there proactive strategies identified in the BSP?
- Is there a rationale for using the restrictive intervention?
- Are there benchmarks for reducing the restrictive interventions, including a titration plan for medications (or a statement of lowest effective dose based on prior attempts?)

Inappropriate Target Behaviors

- Behaviors which cannot be observed or measured reliably (e.g., mood states)
- Behaviors for which a replacement behavior cannot be taught (e.g. hallucinations, responding to psychotic statements)
- Behaviors which are not a danger to self, others or property
- Behaviors which are a form of communication
- False allegations as a target behavior must include a statement that ALL allegations must be investigated pursuant to DDS policy
- Gossiping
- Telling tall tales
- Swearing
- Jumping up and down
- Being late
- Coming home late
- Refusing reasonable requests
- Noncompliance
- Tantrums
- Acting out
- Benign behaviors which does not specify a parameter (e.g. crying for longer than an hour)
 - Self-talk
 - Staying to one's self
 - Nail biting
 - Pacing
 - Touching your head

Review Outcomes

- After a discussion of the 8 review criteria, the Committee can either approve, reject or defer the BSP.
- Approval – BSP meets all 8 criteria Approvals are granted for up to one year
 - Approvals can be extended for longer in order to align the BSP with the ISP
- Rejection – BSP doesn't meet one or more of the of the 8 criteria
- Deferral – Committee needs more information in order to determine if the plan meets all 8 criteria